CLAIMS ONLY								Application Number Filling Date Applicant(s)							
												=·			
CLAIMS AS FILED AFTER FIRST AFTER SECOND								May be	used for ad	ditional dai	ms or amendments				
			AMENDMENT		AMENDMENT						-		•		
	Indep	Depend	Indep	Depend	Indep	Depend]		Indep	Depend	Indep	Depend	Indep	Depend	
1 1						ļ]	51	ļ						
3		R			 		1	52	ļ	ļ					
4		1		ļ	ļ	-	ł	53 54	 		<u> </u>			 	
5		1					1	55	 		 				
6							1	56						 	
7								57							
8		f. 1		ļ	 	ļ	ł	58	 				ļ		
10	ſ.					 	ł	59 60	 		 		 	 	
11		1			 		1	61	1		 	 	├──	 	
12		1]	62	1		1	 			
13		(1	63							
14		-,-' -					1	64	ļ						
15 16								65 66	 						
17	•							67	 		 				
18	-1							68	i		 				
19								69							
20		ľ						70							
21		- 1						71							
22	can	ar						72 73							
	4							74							
25	9	1						75			-				
26		. 1						76							
27								77							
28						\vdash		78 79			<u> </u>				
30								80							
31								81						-	
32								82		- i.					
33								83							
34 35								84							
36	}							85 86							
37								87							
38								88							
39								89							
40								90	\Box						
41 42								91 92	 						
43								93							
44								94							
45	1				1			95							
46								96							
47							1	. 97	· ·						
49							ļ	98 99							
50							- }	100							
Total	5			 		$\neg \neg$		Total			-	7		┰┩	
				1 1			Į	Indep		1 1					
Total C Depend	10×		4 -		→			Total Depend			4				
Total Claims	25	ĺ			1	1	l	Total Claims				T			

.